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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** June 12, 2006**CLIENT No.:** IL-11030**To:**

NAME	FAX No.	PHONE No.
Commissioner for Patents - USPTO	(571) 273-8300	

FROM: Susan T. Hubl, Patent Agent, **PHONE:** (415) 875-2316
Reg. No. 47,668

NUMBER OF PAGES WITH COVER PAGE: 10

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MESSAGE:

Attached are Response to Restriction Requirement Preliminary Amendment, Transmittal and Fee Transmittal.

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23540/01010/SF/5171496

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PTO/SB/21 (modified)

Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	10/630,636	
		Filing Date	July 29, 2003	
		First Named Inventor	Paula M. McCreedy	
		Group Art Unit Number	1634	
		Examiner Name	BAUSCH, SARAE L.	
Total Number of Pages in This Submission		9	Attorney Docket Number	IL-11030

TRANSMITTAL FORM

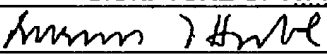
(to be used for all correspondence during pendency of filed application)

ENCLOSURES (check all that apply)

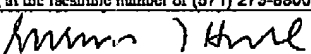
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Transmittal (1 pg.)	<input type="checkbox"/> Letter to Chief Draftsperson
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REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Susan T. Hubl, Ph.D., Patent Agent. No. 47,668	Dated:	6/12/06

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted via facsimile on the date shown below to: Mail Stop Amendment, Commissioner for Patents, at the facsimile number of (571) 273-8300:			
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Express Mail Mailing Number (optional):			

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**795**

Complete if Known

Application Number 10/630,536

Filing Date July 29, 2003

First Named Inventor Paul M. McCreedy

Examiner Name Bausch, Sarae L.

Art Unit 1634

Attorney Docket No. IL-11030

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
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The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any underpayment of fee(s) due under 37 CFR §1.11, or §1.17 during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,580	2254	795	Extension for reply within fourth month	795
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1100	2503	550	Plant issue fee	
1480		1480		Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
0	~33~	0	0
0	~3~	0	0
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	350	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1,580	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1480		1480	
1807	50	1807	50
1808	180	1808	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900

Fee Description

Fee Paid

Other fee (specify)

SUBTOTAL (3) (\$)**795**

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)

Susan T. Hubl

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(Attorney/Agent)

47,668

Complete (if applicable)

Telephone (415) 875-2315

Signature

Susan T. Hubl

Date

6/12/06

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